

09/582451

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 582451	RECEIPT DATE:	06 / 26 / 00
IA NUMBER:	PCT/ US99 / 00315	IA FILING DATE:	01 / 07 / 99
FAMILY NAME:	DEISS	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	MICHAEL SCOTT	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	01 / 07 / 98
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	RC88853	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 0000000000
			FAX

NAME: JOSEPH S TRIPOLI

STREET: PO BOX 5312 2 INDEPENDENCE WAY

CITY: PRINCETON

STATE/COUNTRY: NJ ZIP: 085435312

EMAIL:

APPLICATION TITLES:

APPARATUS FOR PROVIDING A VIDEO LIP SYNC DELAY METHOD THEREFORE

TAB TO LAST POSITION,PUSH SEND



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
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Bib Data Sheet

<b>SERIAL NUMBER</b> 09/582,451	<b>FILING DATE</b> 11/10/2000 <b>RULE</b> -	<b>CLASS</b> 375	<b>GROUP ART UNIT</b> 2631	<b>ATTORNEY DOCKET NO.</b> RCA88853	
<b>APPLICANTS</b> Michael Scott Deiss, Zionsville, IN ; Mark Robert Anderson, Indianapolis, IN ;					
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A 371 OF PCT/US99/00315 01/07/1999					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 11/21/2000</b> -					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met-after met Allowance Verified and Acknowledged <u>                    </u> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> IN	<b>SHEETS DRAWING</b> -	<b>TOTAL CLAIMS</b> 14	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> - Joseph S Tripoli Thomson Multimedia Licensing Inc PO Box 5312 Princeton ,NJ 08540					
<b>TITLE</b> Apparatus for providing a video lip sync delay and method therefore					
<b>FILING FEE RECEIVED</b> 1230	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		